MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE [redacted]18 | 00908

00916

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton 05X-2
STREET ADDRESS (If rural give location) Church Street

3. NAME OF DECEASED: (Type or Print) (First) Roland (Middle) (Last) Anderson

4. DATE OF DEATH: (Month) 1 (Day) 26 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Aug. 1910

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Anderson

14. MOTHER'S MAIDEN NAME: Martha Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Robert Anderson (Brother) Same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE (A) Bilateral Pulmonary Tuberculosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1955, to 1-26, 1955, that I last saw the deceased alive on ..., 19..., and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 1-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Jan. 30 1955 NAME OF CEMETERY OR CREMATORY St. Paul's LOCATION (City, town, or county) (State) near Denton Md

DATE REC'D BY LOCAL REGISTRAR 1-27-55 REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR J. V. Brown & Son ADDRESS Denton Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
FEB 2 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00909

00937

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY ~~CAROLINE~~ Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~GREENSBORO~~ Wyemills
LENGTH OF STAY (in this place) ~~[illegible]~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY CAROLINE.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREENSBORO. 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) HORACE (Middle) (Last) BYRNS (BYRIS)
4. DATE OF DEATH: (Month) JAN. (Day) 8 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: (WHITE)
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 10-16-1908
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: NUTTLE LUMBER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOHN BYRNS
14. MOTHER'S MAIDEN NAME: ANNIE Winchester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-03-6487
17. INFORMANT & ADDRESS: MRS. PEARL BYRNS - Wife.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Multiple injuries — minutes

ANTECEDENT CAUSE (B) DUE TO Auto accident

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

816 X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Hwy
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Route 404 n.r. Wyemills Tal. Md
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 8 55 ~~P.M.~~ A.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Auto is sideswiped

22. I hereby certify that I attended the deceased from Dec 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Louis Mutty MD DMD — ADDRESS Easton Md — DATE SIGNED 1-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 1-11-55
NAME OF CEMETERY OR CREMATORY: DENTON CEMETERY
LOCATION (City, town, or county) (State): DENTON CAROLINE MD

DATE REC'D BY LOCAL REGISTRAR: 1-9-55
REGISTRAR'S SIGNATURE: N.A. Nevins
24. FUNERAL DIRECTOR: RAWLINGS FUNERAL HOME — ADDRESS: GREENSBORO, MD.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 18 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00910

00917 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md, COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) William (Middle) Dawson (Last) Chester
4. DATE OF DEATH: (Month) Jan (Day) 12 (Year) 1955
5. SEX: male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Nov 7, 1875
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Chester
14. MOTHER'S MAIDEN NAME: Margaret Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unkn
17. INFORMANT & ADDRESS: Mary Chester St. Michaels (wife)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1		
IMMEDIATE CAUSE	(A) pneumonia	12 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO cardiac failure	6 days
	(C) asthma - chronic - cardiac	6 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	arteriosclerotic C.V.D.	—

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-1, 1955, to 1-12, 1955, that I last saw the deceased alive on 1-12, 1955 and that death occurred at 2 35 PM, from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS St Michaels md DATE SIGNED 1-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF 1-14-55
NAME OF CEMETERY OR CREMATORY St. Michaels
LOCATION (City, town, or county) St. Michaels (State) Md
DATE REC'D BY LOCAL REGISTRAR 1-13-55
REGISTRAR'S SIGNATURE N.H. Nevett
24. FUNERAL DIRECTOR Norman D. Mansfield ADDRESS

RECEIVED
JAN 21 1955
BUREAU V. S.

00911

00938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Talbot
County
City or town X Trappe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? three years
Hospital, institution, or street address where death occurred:
00
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Trappe X
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Phoebe Coleman | 3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	White	widow

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 18, 1876

8. AGE: Years 78 | Months 7 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name Charles B. Draper
13. Birthplace Md

MOTHER
14. Maiden name Elizabeth Abbott
15. Birthplace Md

16. Informant Ella Blades
Address Trappe Md.

17. Burial Date thereof Jan 28 1955
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenbox Cem.
Location Greenbox Md.
18. Funeral director Edward Kellam
Address Millington Md.

19. Jan 27 1955 N. L. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24th 1955 at 12:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1950 to Jan 1955 and that I last saw h.. ex.. alive on Jan 13th 1955

Immediate cause of death Arterio Sclerosis — DURATION 10 yrs.
Due to *Valvular heart disease — 5 yrs.
Due to
Other conditions 421.4
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hilliard S. Seymour M.D.
M. D. or other
Address Trappe Md. Date signed 1/24/55

Miss N.H. Nevius
Hathaway

RECEIVED
FEB 2 1955
BUREAU V. S.

00912

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00918

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 40 East N
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Kevin (Middle) E. (Last) Cooper

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 6-1954

9. AGE last birthday yrs. 1 IF UNDER 1 YEAR Months 1 Days 11 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carlton G. Cooper

14. MOTHER'S MAIDEN NAME: Florence Brice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Carlton G. Cooper

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

772.0

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Malnutrition — since birth

DUE TO

(C) Dehydration — 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 19 55, to 1-17, 19 55, that I last saw the deceased alive on 1-17, 19 55, and that death occurred at 8 05 P.M., from the causes and on the date stated above.

SIGNATURE John E Bartlett M.D. ADDRESS 214 Dover St Easton Md DATE SIGNED 1-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-19-55

NAME OF CEMETERY OR CREMATORY Chapel

LOCATION (City, town, or county) (State) Cordova Md R1

DATE REC'D BY LOCAL REGISTRAR 1/18/55

REGISTRAR'S SIGNATURE M. A. Merrick

24. FUNERAL DIRECTOR James B Dorsett

ADDRESS 20Y4243405

RECEIVED
JAN 25 1925
BUREAU V. S.

00919

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

~~FOR MEDICAL EXAMINERS~~

DDA 00913

Item 5, Fil Cit 1-2,-5: et

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 4 — HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp. 8

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Caroline — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Choptank md 05X-2 — STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Catherine	Loretta	Corkran	January	4	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Sept. 14 1883	71 7/12 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	N.W.	md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Koolahan	Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	no	Webster Corkran Choptank md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Chronic Myocarditis	1950
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Anderson	M.D.	Federalsburg md.	1/14/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-7-55	Junior Old Fellows	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-5-55	M. H. Merrick	M. E. Neuman & Sons	Easton Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

00939

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00914

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH. COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Easton
LENGTH OF STAY (In this place) 70 yrs
HOSPITAL OR INSTITUTION OR 08 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) A. (Last) Dobyns

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify) 8. DATE OF BIRTH: 1873 9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): San Francisco, Cal. 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alexander Travers

14. MOTHER'S MAIDEN NAME: Marika Tokeltos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John Charles Thomas, Easton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X IMMEDIATE CAUSE (A) Cardiac failure — 7 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension with Cardiovascular disease

(C) — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Old C.V. accident Hypostatic pneumonia — 7 days

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Jan 24, 1955, that I last saw the deceased alive on Jan 23, 1955, and that death occurred at 4 A M, from the causes and on the date stated above.

SIGNATURE Catherine Harrison M. D. ADDRESS Easton Hospital DATE SIGNED Jan 24 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF Jan 26 55 NAME OF CEMETERY OR CREMATORY Bellevue LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-25-55 REGISTRAR'S SIGNATURE M.H. Nevins

24. FUNERAL DIRECTOR Nevitt Clark ADDRESS Easton

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00915

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cordova
LENGTH OF STAY (In this place) 50 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cordova - Queen Anne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cordova X
STREET ADDRESS (If rural, give location) Cordova - Queen Anne Road

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) Harris (Last) Fisher

4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct. 5, 1886

9. AGE last birthday 68 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME W. W. Harris

14. MOTHER'S MAIDEN NAME Clara Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS M. William Fisher, Cordova, R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral arteriosclerosis — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident — 8 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 19 55, to Jan 25, 19 55, that I last saw the deceased alive on Jan 25, 19 55, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jan Eccles M.D. Queen Anne Md Jan 28, 55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan 28 1955

NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery

LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REG. 1/26/55

REGISTRAR'S SIGNATURE M. W. Reeves

24. FUNERAL DIRECTOR ADDRESS E. W. Frampton Sons, Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00916

00941 **CERTIFICATE OF DEATH** Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. MICHAELS
LENGTH OF STAY (in this place) 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. MICHAELS
STREET ADDRESS (If rural, give location) RAILROAD AVE

3. NAME OF DECEASED: (First) CHARLES (Middle) HAMBLETON (Last)
4. DATE OF DEATH: (Month) JAN (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	MARRIED	MARCH 28 1887	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AGENT, RETIRED	LIFE INSURANCE	ST. MICHAELS MD	U.S.A.

13. FATHER'S NAME: WILLIAM J. HAMBLETON
14. MOTHER'S MAIDEN NAME: CHARLOTTE FAIRBANK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	NONE	214-07-7095	Mrs Charles Hambleton, St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) cardiac failure - chronic	-
	DUE TO (c) arteriosclerotic C.V.D.	-

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. abdominal aortic aneurysm —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.	—	—

22. I hereby certify that I attended the deceased from 2-25, 1954 to 1-13, 1955, that I last saw the deceased alive on 1-13, 1955, and that death occurred at 3 P.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Thomas Keene M.D. St Michaels Md 1-15-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 15, 1955	Christ Cemetery	St. Michaels Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 15, 55	Mrs Robt. L. Seth	S. Hambleton Harrison	St. Michaels Md

BUREAU V. S.

00920

00917

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 290

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Duke St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Duke St.

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Wayne (Last) Harper

4. DATE OF DEATH (Month) 1 (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan. 29 1945

9. AGE last birthday: 10 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph P. Harper

14. MOTHER'S MAIDEN NAME: Doris Farrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Joseph P. Harper, Duke St. Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Basilar fracture of skull

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auto accident

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Hiway

21c. (City or town) Easton (County) Talbot (State) Md

21d. TIME OF INJURY (Month) 1 (Day) 29 (Year) 55 (Hour) 4:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by Truck on hiway

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis J. Watty M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb. 1 1955

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 1/30/55

REGISTRAR'S SIGNATURE N. H. Nedrich

24. FUNERAL DIRECTOR ADDRESS Farrington Funeral Home, Easton, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

Dr Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00921 00918

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Higgins

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 118 Higgins

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Cornelia (Last) Hill

4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1955

5. SEX Female

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept 5, 1895

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Murray

14. MOTHER'S MAIDEN NAME: Emmaline Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Virginia Hill, Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE

(A) Coronary arteriosclerotic heart

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) disease with congestive failure

DUE (C) and cardiac asthma

INTERVAL BETWEEN ONSET AND DEATH: 2 years,

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Recurrent goitre

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17, 1955, to 1/18, 1955, that I last saw the deceased alive on 1/18, 1955, and that death occurred at 5A M, from the causes and on the date stated above.

SIGNATURE Frank E Moore M.D. ADDRESS 14 W Dover St Easton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1/23/55 NAME OF CEMETERY OR CREMATORY Richardson Cem LOCATION (City, town, or county) Easton, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1-20-55 REGISTRAR'S SIGNATURE N.H. Nevius

24. FUNERAL DIRECTOR James Blankfield ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00922 (00913)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 10a
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Goodspeed (Last) Hill

4. DATE OF DEATH: (Month) 1 (Day) 20 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 14-1883

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles D. Hill

14. MOTHER'S MAIDEN NAME: Fannie Goodspeed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS Mrs. M. Hill (wife) Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4 days' (A) cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 45 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerotic cardiovascular. DUE TO —

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. cardiac failure-chronic —

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1955 to 1-20, 1955, that I last saw the deceased alive on 1-20, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D ADDRESS St. Michaels md DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-22-55

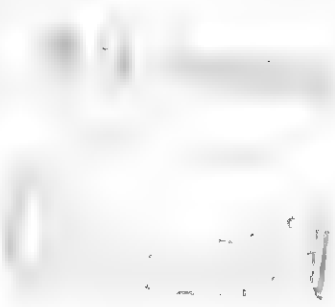
NAME OF CEMETERY OR CREMATORY Bladensburg

LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REGISTRAR 1-21-55

REGISTRAR'S SIGNATURE M. H. Meares

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]



00923 00920

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbpt MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 605 Dover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Nathan (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 25,1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Jackson

14. MOTHER'S MAIDEN NAME: Joann Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wilmer R. Jackson, Vienna, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2-3 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 194, to Jan. 8, 1955, that I last saw the deceased alive on Jan. 8, 1955, and that death occurred at 6 a. M, from the causes and on the date stated above.

SIGNATURE Howard T. Ritt M. D. ADDRESS Easton, Md. DATE SIGNED 1/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Jan. 10,1955; NAME OF CEMETERY OR CREMATORY Rhodesdale Cemetery; LOCATION (City, town or county) (State) Near Rhodesdale, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-9-55; REGISTRAR'S SIGNATURE N. H. Neree

24. FUNERAL DIRECTOR ADDRESS J.J.Frampton and Son, Federalsburg, Md.

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00941

00924 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wittman Easton
LENGTH OF STAY (in this place) Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wittman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hazel (Middle) Marion (Last) Jones
4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Apr 23 1894 | 9. AGE last birthday: 60 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Sta Ticket Agent
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wittman Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Jones
14. MOTHER'S MAIDEN NAME: Mary Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) XX | (If Yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. 214-10-8638
17. INFORMANT'S ADDRESS: Clifton Jones St Michaels Md (Son)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.2.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 6/30P M., from the causes and on the date stated above.

SIGNATURE Louis Whelte DMD M. D. ADDRESS Easton Md DATE SIGNED 1-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial | DATE THEREOF: Jan 3 1955 | NAME OF CEMETERY OR CREMATORY: Christ Cemetery | LOCATION (City, town, or county) (State): St Michaels Talbot Md

DATE REC'D BY LOCAL REGISTRAR: 2/2/55 | REGISTRAR'S SIGNATURE: M. H. Nevins

24. FUNERAL DIRECTOR: Henrietta K. Nevins & Son ADDRESS: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

00942

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

009-2

Reg. Dist. No. 299

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne
LENGTH OF STAY (in this place) 43
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne
STREET ADDRESS (If rural, give location) X 1

3. NAME OF DECEASED (Type or Print): (First) Melcena (Middle) Boone (Last) Jones
4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb 12 1875
9. AGE last birthday: 79 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pasadena Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of) none
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS: Otis Jones, Claiborne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive arteriosclerotic cardio vascular d.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: cardiac failure - chronic

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4-53, to 1-28-55, that I last saw the deceased alive on 1-28-55, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas Reese Jr MD St Michaels Md 1-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 30 1955
NAME OF CEMETERY OR CREMATORY: Family Plot
LOCATION (City, town, or county) (State): Bozman, Md

DATE REC'D BY LOCAL REG.: Jan 29 55
REGISTRAR'S SIGNATURE: Mrs Robt Lee Sadler
24. FUNERAL DIRECTOR: Hambleton Harrison
ADDRESS: St Michaels Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00923

00925

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   a. COUNTY: Talbot — MARYLAND
   b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton
   LENGTH OF STAY (in this place): 38 mos. 3 mos
   c. HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. COUNTY: Caroline
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg R 1
   STREET ADDRESS (If rural give location): 0.5 x-2

3. NAME OF DECEASED: (First) Helen (Middle) Louise (Last) Kelley

4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan 29, 1911

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Nichols

14. MOTHER'S MAIDEN NAME: Alice V. Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: M. Wm. L. Kelley (husband)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

59 1x

IMMEDIATE CAUSE (A): Uremic glomerulo-nephritis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO (B): Uremia — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8 ..., 19 55, to 1/10 ..., 19 55, that I last saw the deceased alive on 1/10 ..., 19 55, and that death occurred at 8 45 AM, from the causes and on the date stated above.

SIGNATURE: Wm. L. Kelley — ADDRESS: Easton Maryland — M.D. — DATE SIGNED: 2 Jan 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	1-12-55	Hill Crest	Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-11-55	N. H. Nevins	J. J. Frampton & Son, Federalsburg, Maryland	

FEB 2 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00924

00926

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot Co. Easton MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 TOWN Easton
LENGTH OF STAY (in this place) 13 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Maryland X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) A. (Last) Kirby

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Feb. 25, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10B. KIND OF BUSINESS OR INDUSTRY: Watermans

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Lewis Kirby

14. MOTHER'S MAIDEN NAME: Ella Jefferson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Minnie Kirby (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 446X (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerotic nephropathy (21

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. terminal pulmonary congestion — 3 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1955, to 29 Jan., 1955, that I last saw the deceased alive on 28 Jan., 1955, and that death occurred at 8:30 a. M., from the causes and on the date stated above.

SIGNATURE Thurston Harrison ADDRESS Easton Maryland DATE SIGNED 29 Jan 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan 31/55

NAME OF CEMETERY OR CREMATORY Christ Cemetery

LOCATION (City, town, or county) (State) St. Michaels, Md.

DATE REC'D BY LOCAL REGISTRAR 1/30/55

REGISTRAR'S SIGNATURE M.H. Neuse

24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS

7 1955

BUREAU V.

00925

MARYLAND STATE DEPARTMENT OF HEALTH

00943

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Tilghman — LENGTH OF STAY (In this place): 62y
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Tilghman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) W (Last) LEDNUM

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 1/12/93

9. AGE: 72 yrs. 0 mos. 0 ds. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Tilghman Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Rae

14. MOTHER'S MAIDEN NAME: Sarah L. Crompton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: William Lednum Tilghman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis and Arteriosclerosis — 5 yrs.
(c) Influenza — 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 19 55, to 1/12, 19 55, that I last saw the deceased alive on 1/12, 19 55, and that death occurred at 6 m., from the causes and on the date stated above.

SIGNATURE: Wm Lednum Tilghman — (Degree or title) — ADDRESS: Tilghman Md — DATE SIGNED: Jan 13 1955

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 1-14-55 — NAME OF CEMETERY OR CREMATORY: Tilghman Meth. — LOCATION (City, town, or county) (State): Tilghman Talbot Md

DATE REC'D BY LOCAL REG.: Jan 13-55 — REGISTRAR'S SIGNATURE: Mrs Robt R. Seth

24. FUNERAL DIRECTOR — ADDRESS: Tilghman Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN
BUREAU V. S.

00926

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00944

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willman X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) William (Middle) L. (Last) Dawe
4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 8. DATE OF BIRTH: June 30, 1898 9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Real Estate 10B. KIND OF BUSINESS OR INDUSTRY: Investment
11. BIRTHPLACE (State or foreign country): Talbot - 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert Dawe
14. MOTHER'S MAIDEN NAME: Gertrude Forlow -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Wm L. Dawe, Willman, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO arteriosclerotic cardiovascular d. —
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. uremia — 2 wks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1954, to 1-20, 1955, that I last saw the deceased alive on 1-20, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Denton Md. DATE SIGNED 1-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF Jan 24 55 NAME OF CEMETERY OR CREMATORY Evergreen Park LOCATION (City, town, or county) Dalkeith (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 22, 55 REGISTRAR'S SIGNATURE Mrs Ralph R. Peck
24. FUNERAL DIRECTOR Wilson Peck ADDRESS Denton Md

00927

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00927

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
STREET ADDRESS (If rural give location) 124 Easton Md.

3. NAME OF DECEASED (Type or Print): (First) Rosella (Middle) (Last) Lyons.

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct 19, 1876.
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 6m. Days + IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: H.W.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas Sheridan.
14. MOTHER'S MAIDEN NAME: Annie Streets.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Mrs William E. Lyons (Next) Same —

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(B) Generalized arteriosclerosis	3 yr.
ANTECEDENT CAUSE (S)	DUE TO (A) Aortic Stenosis.	3 yr.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: No
19B. MAJOR FINDINGS OF OPERATION No
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. No
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29 ..., 19 54, to 1/9 ..., 19 55, that I last saw the deceased alive on 1/9, 19 55, and that death occurred at 3, 22 A M, from the causes and on the date stated above.
SIGNATURE William L. Winter, M. D.
ADDRESS 210 E Dover Easton
DATE SIGNED 1-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1/12/55
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton Md.

DATE REC'D BY LOCAL REGISTRAR 1-10-55
REGISTRAR'S SIGNATURE M. A. Nevins
24. FUNERAL DIRECTOR Wm. E. Haddaway & Son
ADDRESS

VS. A15—10-51

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00928

00945

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Talbot — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Oxford
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxford X
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Prentice Manders

4. DATE OF DEATH: (Month) Jan. (Day) 26 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Nov. 27, 1894

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter

10B. KIND OF BUSINESS OR INDUSTRY: forself (house)

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: James T. Manders

14. MOTHER'S MAIDEN NAME: Emma J. Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) no

16 SOCIAL SECURITY NO. 218-05-3065

17. INFORMANT & ADDRESS: Mrs. Emma Edie - Oxford, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X IMMEDIATE CAUSE (A) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M — 21E INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15- , 1954, to 1-26- , 19 55 that I last saw the deceased alive on 1-26- , 19 55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Donald G. Bartley M. D. — ADDRESS Easton Md. — DATE SIGNED 1-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial — DATE THEREOF: Jan. 29, 1955 — NAME OF CEMETERY OR CREMATORY: Oxford Cemetery — LOCATION (City, town, or county) (State): Oxford, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/27/55 — REGISTRAR'S SIGNATURE: N. D. Norris

24. FUNERAL DIRECTOR — ADDRESS: Maurice E. Newnam & Son Easton, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00928 00929

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (in this place) 8 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS COLONIAL COURT

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural, give location) COLONIAL COURT

3. NAME OF DECEASED (Type or Print): (First) PAULINE (Middle) MARGARET (Last) MATTHEWS

4. DATE OF DEATH: (Month) JAN. (Day) 9 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 31 1894

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE TURPIN

14. MOTHER'S MAIDEN NAME: ELLA ELMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: E. J. MATTHEWS, COLONIAL COURT, EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset and Death: 2 MO.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-29-54

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas with metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): NO (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: NO
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? NO

22. I hereby certify that I attended the deceased from March, 1953, to 1-9, 1955, that I last saw the deceased alive on 1-8, 1955, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William L. Watters M.D. ADDRESS: 210 E. Dover Easton Md. DATE SIGNED: 1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: JAN. 11 1955
NAME OF CEMETERY OR CREMATORY: SPRING HILL CEMETERY
LOCATION (City, town, or county) (State): EASTON, MARYLAND

DATE REC'D BY LOCAL REG.: 1-11-55
REGISTRAR'S SIGNATURE: N. R. Meares
24. FUNERAL DIRECTOR: W. L. Trappington Carroll ADDRESS: EASTON, MD.

RECEIVED
JAN 13 1955
BUREAU V.

00929

Item 18 Fil... 1/7 2-18-55 mr

Item ..., p.1m-177 2-21-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 01975

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 296

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1165 S. Hanson

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 1165 S. Hanson

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) C (Last) DANIEL

4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/1/11

9. AGE last birthday: 1/42/ 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elwood Roberts

14. MOTHER'S MAIDEN NAME: Lizzie Smothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 226-32-9304

17. INFORMANT & ADDRESS: Edna Ockimey Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Syphilis DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2/1/55 | NAME OF CEMETERY OR CREMATORY Richards Cem. | LOCATION (City, town, or county) Easton, Md. (State)

DATE REC'D BY LOCAL REG. 2/1/55 | REGISTRAR'S SIGNATURE D. F. Nelms | FUNERAL DIRECTOR James Bloodsell | ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00946 00951

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X ST. MICHAELS
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: TO

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ST. MICHAELS X
STREET ADDRESS (If rural, give location): CHESTNUT STREET /

3. NAME OF DECEASED (Type or Print): (First) GREGORY (Middle) WADE (Last) MORRIS

4. DATE OF DEATH: (Month) JAN (Day) 22 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: AUG 15, 1951

9. AGE last birthday: 3 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): EASTON MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Edward R. MORRIS

14. MOTHER'S MAIDEN NAME: FRANCES LARRIMORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Edward R. Morris St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning - accidental

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 19 53, to 1-22, 19 55, that I last saw the deceased alive on 1-22, 19 55, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: [illegible] DATE SIGNED: 1-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: JAN 25, 1955 | NAME OF CEMETERY OR CREMATORY: OLIVET CEMETERY | LOCATION (City, town, or county) (State): ST. MICHAELS MD.

DATE REC'D BY LOCAL REG.: Jan 25, 55 | REGISTRAR'S SIGNATURE: Mrs Robt. R. Sadler | 24. FUNERAL DIRECTOR: J. Hamilton Harrison | ADDRESS: St. Michaels Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00930

CERTIFICATE OF DEATH

00931

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-63

1. PLACE OF DEATH
COUNTY Talbot. MARYLAND
40 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton.
LENGTH OF STAY (In this place) 1 day 17 mos.
80 HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston.
STREET ADDRESS (If rural give location) Lincoln St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ernest (Last) Murphy.

4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 1953

5. SEX: Male. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep. 8. DATE OF BIRTH: March 17-1890 9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None. 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Mr Chas Murphy

14. MOTHER'S MAIDEN NAME: Lena Collins.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Stella Carroll (Sister) Denton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

492.5 X

IMMEDIATE CAUSE (A) Anuria

ANTECEDENT CAUSE (B) DUE TO Atelectasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Pulmonary fibrosis Emphysema

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19....., to ...., 19 ...., that I last saw the deceased alive on ..... 19 ..... , and that death occurred at 11:55 PM, from the causes and on the date stated above.

SIGNATURE Catherine Murphy ADDRESS Carlow Memorial Hosp. DATE SIGNED 1-8-53

M. D. Carlow Memorial Hosp. 8 Jan 1953

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Jan 11, 1953 NAME OF CEMETERY OR CREMATORY Denton LOCATION (City, town or county) Denton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-8-53 REGISTRAR'S SIGNATURE M. H. Reeves 24. FUNERAL DIRECTOR Elmer Moore ADDRESS Denton, Md.

RECEIVED
JAN 13 1955
BUREAU V. S.

00931

MARYLAND STATE DEPARTMENT OF HEALTH

00952

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
LENGTH OF STAY (in this place): 25 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SOUTH ST. - EXT.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
STREET ADDRESS (If rural, give location): SOUTH ST. - EXT.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALLIE	BLAKE	PLUMMER	JAN.	14	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	FEB. 23 1872	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOUSEWORK	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANCIS MORRIS	MARTHA HURST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NONE	NONE	MRS. RALPH H. SMITH, EASTON, MD. SOUTH ST. - EXT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 4 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10 April, 1947, to 14 Jan, 1955, that I last saw the deceased alive on 14 Jan, 1955, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE: Lillian Harrison (Degree or title) L.C. ADDRESS: Castle Haynes - DATE SIGNED: 1-15-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JAN. 17 '55	SPRING HILL CEMETERY	EASTON, MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-15-55	M.A. Nelson	W. Brampton Carroll, EASTON, MD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00947

CERTIFICATE OF DEATH

0933

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (in this place) 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) Jones (Last) Keese

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 10 1883

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Jones

14. MOTHER'S MAIDEN NAME: Della Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John P. Keese, Cordova, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic cancer of the liver and the skeleton.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of the breast

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 year; 2 ± years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hysterectomy - Cardio-vascular Arthritis - Cancer - Obesity - Diabetes mell

19a. DATE OF OPERATION: 3/3/1953

19b. MAJOR FINDINGS OF OPERATION: Cancer of breast & metastasis to ...

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 19 55, to Jan. 10, 19 55, that I last saw the deceased alive on Jan 8, 19 55, and that death occurred at 6.9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dan Leder M.D. Centreville Md 1/10/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 13, 1955

NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery

LOCATION (City, town, or county) (State): Easton, Md.

DATE REC'D BY LOCAL REG.: 1-11-55

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: [illegible] Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00948

00934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) E. (Last) PIMMER

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-16-1879

9. AGE last Birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give Kind of work done during most of working life, even if retired): Private cook

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Tilghman Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Jim Niblett

14. MOTHER'S MAIDEN NAME: Elizabeth Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Joseph Pinnes Tilghman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	5 yrs
	(c) Myocarditis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930, to 1-12-55, that I last saw the deceased alive on Jan 7, 1955, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE: Wm. H. McCready (Degree or title) — ADDRESS: Tilghman — DATE SIGNED: 1-12-55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 1-14-55 — NAME OF CEMETERY OR CREMATORY: Pilgrim Haven — LOCATION (City, town, or county): Tilghman (State): Md

DATE REC'D BY LOCAL REG.: Jan 13, 55 — REGISTRAR'S SIGNATURE: Mrs Robt L Peck — 24. FUNERAL DIRECTOR: J. Leander Tilghman — ADDRESS:

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00935

06949

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oxford
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS On

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oxford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Reef (Last) Ritter
4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1955
5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: July 18, 1901
9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Reynolds Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Harry L. Reef
14. MOTHER'S MAIDEN NAME: Mary Evelyn Tyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: E. Helen Ritter Oxford, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
175X IMMEDIATE CAUSE (A) Metastatic carcinoma of
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) the ovary DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 3yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 55 to Jan 22 19 55, that I last saw the deceased alive on Jan 22 19 55, and that death occurred at 4 M, from the causes and on the date stated above.
SIGNATURE & M. D. Thomas Harrison
ADDRESS Easton Maryland
DATE SIGNED 24 Jan 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF Jan 25, 55
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-23-55
REGISTRAR'S SIGNATURE M. A. Norris
24. FUNERAL DIRECTOR Kirkbride
ADDRESS Easton

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00950

CERTIFICATE OF DEATH

00936

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (In this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural-give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) May (Last) Robertson.

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Mar. 18 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland (Carolina Co

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas H. Anderson

14. MOTHER'S MAIDEN NAME: Emma V. Sullivan

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Clayton Anderson (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Generalized Arterio Sclerosis

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28- ,1955, to 1-28- ,1955, that I last saw the deceased alive on 1-28- ,1955 and that death occurred at 7:15 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Donald G. Bartley M.D. Easton, Md 1-28-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/1/55
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton Talbot Maryland

DATE REC'D BY LOCAL REGISTRAR 1/31/55
REGISTRAR'S SIGNATURE N.H. Meeres

24. FUNERAL DIRECTOR ADDRESS
J. Frank Dixon & Son Funeral Home Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1955

00937

Ltr. s 1st 21 Film 3177 2-8-55 ms

MARYLAND STATE DEPARTMENT OF HEALTH

R.C @12 05 EM

DC 932

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; MARYLAND LENGTH OF STAY (In this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville 17X-2; STREET ADDRESS (If rural, give location) Rt # 2

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) V. (Last) Rochester

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1955

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 27, 1887

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi Rochester

14. MOTHER'S MAIDEN NAME: Sarah Seeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles Hynson, Centreville (Cousin)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

11b Immediate cause (a) 2nd degree burns left leg - buttock + left hand

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) II Hypertensive Cardio-Vascular disease

(c) II Chronic Passive Congestion Liver + Spleen -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Centreville, Rt #2 | (COUNTY): Q.A. | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 20 1955 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? He was carrying a fire in a stove & poured kerosene on it. Stove exploded & set fire to his clothing.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. Harvey Fisher M.D - Deputy med Exam for Q.A. Co Md. Centreville Md 1-22-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: JAN. 25 1955 | NAME OF CEMETERY OR CREMATORY: Barkley Cemetery | LOCATION (City, town, or county) (State): Barkley, Maryland

DATE REC'D BY LOCAL REG. 1/23/55 | REGISTRAR'S SIGNATURE: N. H. Merrick | 24. FUNERAL DIRECTOR: Edgar T. Jones, Church Hill, Md. per W.E.C. | ADDRESS

Iter 21 Filr 3175 1-14-55 ams

00933

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00938

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
LENGTH OF STAY (this place): 36 hrs 16 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Delaware — COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Theodore		Savage Jr.	1	5	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored		March 27 1950	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	—	Delaware	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theodore Savage Sr.	Rebecca Schwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Theodore Savage (Father) Grasonville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burns on 1/3 of body - Autopsy showed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hemorrhages in heart muscle

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Grasonville	Q. A.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
Jan.	4	55	m.			Overturned pan hot water on self.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D. Deputy Med Exam for Q.A. Co. Md. Centreville Md 1/5/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-7-55	Fraubland Del	Fraubland Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/6-55	N.H. Nevins	Walter Funeral Home Fraubland Del.	

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00939

00934

CERTIFICATE OF DEATH

Reg. Dist. No. 290...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 4 Days
40
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) E. (Last) Sinclair

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1955

5. SEX F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Nov. 14. 1889 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver C. Cummings | 14. MOTHER'S MAIDEN NAME: Nannie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mr Thomas Sinclair Tilghman Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction — 62 hrs.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic cardiovascular d. —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1955 to 1-5, 1955, that I last saw the deceased alive on 1-5, 1955, and that death occurred at 4.35 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Buried Jan 8 '55 Tilghman | Tilghman Talbot Md

DATE REC'D BY LOCAL REGISTRAR 1-6-55 | REGISTRAR'S SIGNATURE [redacted] | 24. FUNERAL DIRECTOR Julia Moore | ADDRESS Tilghman Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00935 00921

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 22 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester Pa.
STREET ADDRESS (If rural give location) 304 Media Parkway

3. NAME OF DECEASED: (First) Evelyn (Middle) Wilton (Last) Sipple
4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: April 27 1923
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Wilton
14. MOTHER'S MAIDEN NAME: Myrtle Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. William Sipple - (same)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Intra cranial hemorrhage

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Contusion cranial

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... M., from the causes and on the date stated above.

SIGNATURE AND ADDRESS M. D. Memorial Hosp. DATE SIGNED 1-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1/5/55
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR 1/3/55
REGISTRAR'S SIGNATURE: M.D. Merrick
24. FUNERAL DIRECTOR AND ADDRESS: J. E. Boulais Greensboro, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00941

00936

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 30 days
80 HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg 05X-2
STREET ADDRESS (If rural give location) 219 Reliance Ave

3. NAME OF DECEASED: (First) Lorraine (Middle) Coleman (Last) Smith
4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	Col	Widowed	Dec. 25-1880	74 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Coleman
14. MOTHER'S MAIDEN NAME: Fannie Cephus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Golden S. Mager - daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Uremia
ANTECEDENT CAUSE (S) DUE TO (B) Renal failure
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinoma of cervix

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS Easton Memorial Hosp. DATE SIGNED 1-5-55
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan 6, 1955
NAME OF CEMETERY OR CREMATORY Federal Hill
LOCATION (City, town, or county) (State) Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR 1-5-55
REGISTRAR'S SIGNATURE M. H. Reeves
24. FUNERAL DIRECTOR J. J. Frampton Son
ADDRESS Federalsburg Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 11 1955
BUREAU V. S.

00951 Items 7, 13, 14 Film 7175 1-17-55 et 00942

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN outside Wyetmills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location) 05 K-2

3. NAME OF DECEASED: (Type or Print) (First) Curtis (Middle) (Last) WISE

4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-28-1925

9. AGE Last birthday: 29 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George F. Wise, Sr.

14. MOTHER'S MAIDEN NAME: Anna May Blunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

816X
Immediate cause (a) Multiple injuries -
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auto accident
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY RT 404

21c. (City or town) Nr. Wyetmills (County) Talbot (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1 8 55 7:15 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? 2 Cars Side-Swiped

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis Mackey DME M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 1/14/55 NAME OF CEMETERY OR CREMATORY Cloverfield LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REG. 1/10/55 REGISTRAR'S SIGNATURE M. H. Nevins

24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

RECEIVED
JAN 13 1955
BUREAU V. I